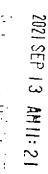


(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only









COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Grounded With Data					
		Limited L	iability Company			
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.			
Please retur	m all correspondence concerning this ma	tter to the	following:			
Patti Brown	sord					
	Name of Person					
Grounded W	Vith Data					
	Firm/Company					
1317 Edgew	vater Dr. #1788					
	Address					
Orlando, FL	. 32804					
	City/State and Zip Code					
patti@groun	ndedwithdata.com					
E-mai	l address: (to be used for future annual re	port notif	ication)			
For further	information concerning this matter, pleas	se call:				
Lee Bruno	at	407	765-2714)			
	Name of Person		Area Code & Daytime Telephone Number			
	niling Address:		Street Address:			
	gistration Section		Registration Section			
	vision of Corporations		Division of Corporations			
	D. Box 6327		The Centre of Tallahassee			
Tal	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Eny	flosed is a check for the following amo	unt:				
A s	\$25 Filing Fee	- \$	55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Grounded With	Data				
2. (a)	822 Stetson Street		(b) 1317 Edgewater Dr. #1788			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	Orlando			Orlando		
	FL 32804			FL 32804		
	12/17/2020		Ĺ	.20000393	777	
3.5. (a)	Date of filing/registration in Florida REGISTERED AGENTS INC.	4.			Document number	
5. (a)	Registered Agent and Registered Office shown on the records o 7901 4TH ST N	f the Flo	rida I	Dept. of Stat	c:	
	Registered Office Address (MUST BE FLORIDA STREET Suite 300	202 Ti				
	ST. PETERSBURG F	L_33702	2		FIL 2021 SEP 13	
(b)	Kelly Miller Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	add	ess:	ILED 13 Mili: 21	
	NEW Registered Office Address:			•	- · · · · · · · · · · · · · · · · · · ·	
	1317 Edgewater Dr				-	
	Orlando F	L3	3280	4	_	
change agent was/withe art Signa I here provisithe obit to mer notified	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is not Papieted Agent	e regist iability of the l e limite	ered com imit d lia	office and pany, it is ed liability com	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. Printed or typed name of signee	